

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: (b) (6) Mitigation and Cleanup	2. Operational Period: Date From: 1-7-2017 Time From: 08:00	Date To: 1-18-2017 Time To: 17:00			
3. Objective(s): <ul style="list-style-type: none"> - Provide safe working environment for all involved persons on scene - Ensure site is secure - Create containment and isolation area for product deactivation and storage - Develop cleanup plan to include air monitoring - Provide residential and perimeter monitoring - Decontamination procedures based on Weevil-Cide product manual - Deactivation of partially spent residual dust from Weevil-Cide pellets - City of Amarillo (COA) Departments of Environmental Health (EH) and Building Safety (BS) will make final decision for habitation of residence - Mattresses, couches, love seat and any bedding potentially contaminated with Bovitraz insecticide will be removed in consultation with COA EH - Air monitoring for seven (7) cumulative days at temperatures over 50 degrees F or above with a reading of 0.0 ppm must be achieved before final sampling. - Sampling plan will be developed by Texas Commission on Environmental Quality (TCEQ), Environmental Protection Agency (EPA), Texas Department of State Health Services (TDSHS), Bi-City-County Health Authority, and the COA Departments of EH, Office of Emergency Management (OEM) and Public Health (PH) - After reviewing sampling results, the COA EH will determine if site can be turned over to the City to authorize rehabilitation 					
4. Operational Period Command Emphasis: <ul style="list-style-type: none"> - Scene Safety for personnel working in the affected location - Safety for general public and residence in the immediate area - Containment of product 					
General Situational Awareness <ul style="list-style-type: none"> - Weather will be cool to cold - Moisture causes product release 					
5. Site Safety Plan Required? Yes <input type="checkbox"/> No <input type="checkbox"/> Approved Site Safety Plan(s) Located at:					
6. Incident Action Plan (the items checked below are included in this Incident Action Plan): <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input checked="" type="checkbox"/> ICS 202 <input checked="" type="checkbox"/> ICS 203 <input checked="" type="checkbox"/> ICS 204 <input type="checkbox"/> ICS 205 <input checked="" type="checkbox"/> ICS 205A </td> <td style="width: 33%; vertical-align: top;"> <input checked="" type="checkbox"/> ICS 206 <input type="checkbox"/> ICS 207 <input checked="" type="checkbox"/> ICS 208 <input checked="" type="checkbox"/> Map/Chart <input checked="" type="checkbox"/> Weather Forecast/Tides/Currents </td> <td style="width: 34%; vertical-align: top;"> Other Attachments: <input checked="" type="checkbox"/> SDS <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ </td> </tr> </table>			<input checked="" type="checkbox"/> ICS 202 <input checked="" type="checkbox"/> ICS 203 <input checked="" type="checkbox"/> ICS 204 <input type="checkbox"/> ICS 205 <input checked="" type="checkbox"/> ICS 205A	<input checked="" type="checkbox"/> ICS 206 <input type="checkbox"/> ICS 207 <input checked="" type="checkbox"/> ICS 208 <input checked="" type="checkbox"/> Map/Chart <input checked="" type="checkbox"/> Weather Forecast/Tides/Currents	Other Attachments: <input checked="" type="checkbox"/> SDS <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
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7. Prepared by: Name: Theresa West Position/Title: SITL Signature:					
8. Approved by Incident Commander: Name: JHANA ENDERS Signature:					
ICS 202	IAP Page _____	Date/Time: _____			